

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Treasure Island Homeless Dev. Initiative

Mailing Address 870 Market St  
Ste 314

City San Francisco State CA Zip Code 94102-3008

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D6721**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Urban Solutions

Mailing Address 1083 Mission Street, 2nd Floor

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D6730**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Walz for Congress

Mailing Address 630 N. River Front Drive

City Mankato State MN Zip Code 56001

Purpose of Disbursement  
Contribution: Tim Walz (MN-01-D)

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 01

**Transaction ID: D6679**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2200.00

**TOTAL** This Period (last page this line number only) .....